



CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. § 1.10

Atty. Docket No.: MO06009C1

Express Mail Mailing
Label Number: EB 456129931 US

Applicant: Ross et al.

Title: CUTTING BLADE ASSEMBLY FOR A MICROKERATOME

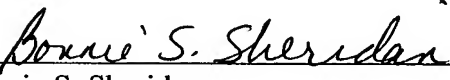
Date of Deposit: October 19, 2007

Serial No.: 10/672,730

Filing Date: September 25, 2003

Type of Documents: Request for Continued Examination (RCE) Transmittal (PTO/SB/30 – 1 pg – in duplicate);
Amendment Transmittal (3 pgs);
Reply to Office Action Mailed April 19, 2007 and Amendment Under 37 CFR 1.116 (13 pgs);
Petition for Extension of Time (PTO/SB/30 - 1 pg);
Attorney Docket Number Change Request (1 pg);
Credit Card Payment Form in the amount of \$980 (PTO-2038 – 1 pg); and
Return Receipt Postcard

I hereby certify that the documents identified above are being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 C.F.R. 1.10 on October 19, 2007 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Bonnie S. Sheridan

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply. A Petition for a Three-Month Extension of Time is hereby requested.

A fee of \$525.00 for a Three-Month Extension of Time is required.

FEE FOR CLAIMS

The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	34	minus	32	= 2	x \$25 =	\$50
Indep.	04	minus	08	= 0	x \$105 =	\$0
First presentation of multiple dependent claim					+ \$185 =	\$0
TOTAL ADDITIONAL FEE						\$50

* If the entry in column 1 is less than the entry in Col. 2, enter "0" in Col. 3.

** If the "Highest no. previously paid for" in Col. 2, Row 1 is less than 20, enter "20".

*** If the "Highest no. previously paid for" in Col. 2, Row 2 is less than 3, enter "3".

The "Highest no. previously paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment of the number of claims originally filed.

A fee of \$50.00 for claims is required.

FEE DEFICIENCY

If any additional extension and/or fee is required, please charge Deposit Account No. 50-2542.

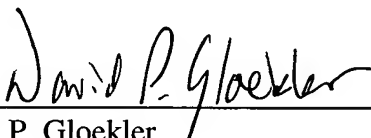
If any additional fee for claims is required, please charge Deposit Account No. 50-2542.

Respectfully submitted,

THE ECLIPSE GROUP LLP

Date: October 19, 2007

By:



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